

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12		1				
13	1					
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17		1				
18		2				
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21	1					
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41	1					
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49						
50						
TOTAL IND.	86					
TOTAL DEP.	94					
TOTAL CLAIMS						

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TOTAL DEP.						
TOTAL CLAIMS						